

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street) ▼

655 Beach Street

☐ Check if different than previously reported. (ACC)

San Francisco

CA

94109

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00196246

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election Year Only)
- ☒ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
03 01 2012

through

M M M / D D D / Y Y Y Y Y Y
03 31 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Steven Rausch

Signature of Treasurer

Steven Rausch

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
04 16 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
03 01 2012 To: M M / D D / Y Y Y Y Y Y
03 31 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		455910.36
(b) Cash on Hand at Beginning of Reporting Period.....	445221.24	
(c) Total Receipts (from Line 19)	21762.34	80910.68
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	466983.58	536821.04
7. Total Disbursements (from Line 31)	97858.45	167695.91
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	369125.13	369125.13
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	2

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	16916.79	62549.13
(ii) Unitemized	3845.55	17361.55
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	20762.34	79910.68
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	20762.34	79910.68
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	1000.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	21762.34	80910.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	21762.34	80910.68

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	762.42	2503.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	762.42	2503.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	96647.69	161147.69
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	448.34	4044.68
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	448.34	4044.68
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	97858.45	167695.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	97858.45	167695.91

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	20762.34	79910.68
34. Total Contribution Refunds (from Line 28(d))	448.34	4044.68
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20314.00	75866.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	762.42	2503.54
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	762.42	2503.54

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Richard Abbott

Mailing Address 54 Topside Way

City

Mill Valley

State

CA

Zip Code

94941-3212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 29 / 2012

Transaction ID : B211C89A-004B-4D6E-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. William Bridges Jr.

Mailing Address 406 Vanderbilt Rd

City

Asheville

State

NC

Zip Code

28803-3004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 22 / 2012

Transaction ID : 4BA280F6D6C9D1E80F3F

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Thomas Ciulla

Mailing Address 200 W 103rd St
Ste 1050

City

Indianapolis

State

IN

Zip Code

46290-1017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

03 / 11 / 2012

Transaction ID : A49BFBCB-FEAC-49C5-

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1448.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. S. William William Clark

Mailing Address 502 Isabella St

City

Waycross

State

GA

Zip Code

31501-3638

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

03 / 23 / 2012

Transaction ID : 4CED9FF64C7366C5FC3E

Amount of Each Receipt this Period

416.66

Full Name (Last, First, Middle Initial)

B. Alys Cope

Mailing Address PO Box 239

City

Statesboro

State

GA

Zip Code

30459-0239

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 27 / 2012

Transaction ID : 4010A3280E95FC0F84D3

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Jack Daubert

Mailing Address 1050 SE Monterey Rd
Ste 104

City

Stuart

State

FL

Zip Code

34994-4512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

03 / 30 / 2012

Transaction ID : EE2E88A5-C61C-4133-

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

865.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Serge De Bustros

Mailing Address Suite 3600

19550 Gov Highway

City

Flossmoor

State

IL

Zip Code

60422-2144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	2

Transaction ID : 0BFFB78C-E26E-4467-

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

B. Anna Luisa Di Lorenzo

Mailing Address 2877 Crooks Rd

Ste B

City

Troy

State

MI

Zip Code

48084-4717

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	6		2	0	1	2

Transaction ID : 44FFBD0AE410034463BA

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

C. Denise Dudley

Mailing Address 3015 Squalicum Pkwy

Ste 260

City

Bellingham

State

WA

Zip Code

98225-1946

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	1	2

Transaction ID : E9FCBD32-62E7-451F-

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1407.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. James Finegan

Mailing Address 236 Roseberry St

City

Phillipsburg

State

NJ

Zip Code

08865-1632

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 07 / 2012

Transaction ID : 4C27A337D215ED912C7A

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Christina Flaxel

Mailing Address 3375 SW Terwilliger Blvd

City

Portland

State

OR

Zip Code

97239-4146

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 25 / 2012

Transaction ID : BA5196AA-3041-422E-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael Gilbert

Mailing Address 12301 NE 10th Pl
Ste 200

City

Bellevue

State

WA

Zip Code

98005-2487

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 03 / 2012

Transaction ID : 4F3D9583B595994B9A76

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

666.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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PAGE 10 OF 36

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. David Glasser

Mailing Address 6350 Stevens Forest Rd
Ste 101

City Columbia State MD Zip Code 21046-3240

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

03 / 28 / 2012

Transaction ID : 34086B90-8EFD-4A78-

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. John Douglas Goosey

Mailing Address 6545 Rutgers Ave

City Houston State TX Zip Code 77005-3850

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 28 / 2012

Transaction ID : 4061B236E477549E6EB9

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Robert Jay Granadier

Mailing Address 911 Charrington Rd

City Bloomfield Hills State MI Zip Code 48301-2110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 16 / 2012

Transaction ID : B98EC5F6-9CDB-4B08-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

965.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Erich Groos

Mailing Address 2400 Patterson St
Ste 201

City Nashville State TN Zip Code 37203-1587

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 16 / 2012

Transaction ID : 493D9D72F838C7ADF420

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. John Hagan

Mailing Address 9401 N Oak Trfy
Ste 200

City Kansas City State MO Zip Code 64155-3393

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 29 / 2012

Transaction ID : 99428A39-C6BF-422A-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jeffrey Heier

Mailing Address 50 Staniford St
Ste 600

City Boston State MA Zip Code 02114-2539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 31 / 2012

Transaction ID : 0622634C-480F-4184-

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1583.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. William Holcomb

Mailing Address Suite 410

1890 Highway 157

City

Cullman

State

AL

Zip Code

35058-0689

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 16 / 2012

Transaction ID : 45BCACD763BC29491281

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Randolph Johnston

Mailing Address 1300 E 20th St

City

Cheyenne

State

WY

Zip Code

82001-4021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2012

Transaction ID : 412A930C296E55CB23FC

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Alan Kimura

Mailing Address 1590 Little Raven St

City

Denver

State

CO

Zip Code

80202-6182

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2012

Transaction ID : 1C44ED70DFF28E988D2

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1683.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. James Klein

Mailing Address 21711 Greater Mack Ave

City

Saint Clair Shores

State

MI

Zip Code

48080-2418

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 05 / 2012

Transaction ID : 4F69AAC81E168E05BC66

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Adrian Lavina

Mailing Address 3399 Pga Blvd
Ste 350

City

Palm Beach Gardens

State

FL

Zip Code

33410-2831

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 14 / 2012

Transaction ID : 646143E28A804892485

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Peter Lowe

Mailing Address 4175 S Congress Ave
Ste V

City

Lake Worth

State

FL

Zip Code

33461-4725

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 16 / 2012

Transaction ID : 4DA39A92239D10C802E8

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1183.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Louis Maisel

Mailing Address PO Box 547

City

New City

State

NY

Zip Code

10956-0547

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 15 / 2012

Transaction ID : 695D3F00-9BE5-4A3F-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Masud Malik

Mailing Address 3865 N Mulford Rd

City

Rockford

State

IL

Zip Code

61114-5603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 16 / 2012

Transaction ID : 4798BF5F776A3B64B191

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. George Malouf

Mailing Address 7609 Arrowood Rd

City

Bethesda

State

MD

Zip Code

20817-2826

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

03 / 03 / 2012

Transaction ID : 2DFBCF74-9E83-466C-

Amount of Each Receipt this Period

365.00

Duplicate, refunded 3/12/12.

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

698.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. George Malouf

Mailing Address 7609 Arrowood Rd

City

Bethesda

State

MD

Zip Code

20817-2826

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 03 / 2012

Transaction ID : C72F0AFD-9263-47FC-

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Linn Mangano

Mailing Address 1926 Fox Hollow Rd

City

Cape Girardeau

State

MO

Zip Code

63701-2283

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 19 / 2012

Transaction ID : 1F9ECC225245CFDDCA9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Mark Mayle

Mailing Address 2071 Lakeside Ests

City

Morgantown

State

WV

Zip Code

26508-5618

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 12 / 2012

Transaction ID : 46D1AFFDA0735090DF3B

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

948.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Michael Edward Edward Migliori

Mailing Address 392 Rochambeau Ave

City State Zip Code
Providence RI 02906-3520

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2012

Transaction ID : 47F3A084B970E0FF6EC2

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Amalia Miranda

Mailing Address 4801 Bocage Ln

City State Zip Code
Oklahoma City OK 73142-5407

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 14 / 2012

Transaction ID : 46AE9C0FF41E0762243C

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Sok Nam

Mailing Address 4278 W 3rd St

City State Zip Code
Los Angeles CA 90020-3449

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2012

Transaction ID : 4EEB80950F126468FFD2

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

266.68

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Kelly Patrick O'Neill

Mailing Address 563 Wessel Dr

City

Fairfield

State

OH

Zip Code

45014-3668

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 09 / 2012

Transaction ID : 475482913FE0B3F90BE3

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Millicent Palmer

Mailing Address 4101 Woolworth Ave
Ste 112

City

Omaha

State

NE

Zip Code

68105-1850

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

324.01

Date of Receipt

03 / 05 / 2012

Transaction ID : 89CD6619-8595-4F83-

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

C. Millicent Palmer

Mailing Address 4101 Woolworth Ave
Ste 112

City

Omaha

State

NE

Zip Code

68105-1850

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

324.01

Date of Receipt

03 / 20 / 2012

Transaction ID : 422985321BDD3B5E3FEF

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

324.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Michael Repka

Mailing Address 600 N Wolfe St

City
Baltimore

State
MD

Zip Code
21287-0005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 29 / 2012

Transaction ID : OCD01EE0-60C8-4FE0-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David Richardson

Mailing Address 207 S Santa Anita Ave
Ste P25

City

San Gabriel

State

CA

Zip Code

91776-1145

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

951.00

Date of Receipt

03 / 26 / 2012

Transaction ID : 4CFCBD9C05D27823D34A

Amount of Each Receipt this Period

317.00

Full Name (Last, First, Middle Initial)

C. David Schwartzfarb

Mailing Address 5162 Linton Blvd
Ste 203

City

Delray Beach

State

FL

Zip Code

33484-6567

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

03 / 28 / 2012

Transaction ID : AD2656DABD85937473E

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

932.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Derrick Shindler

Mailing Address 4376 Baildon Rd

City
Trappe

State
MD

Zip Code
21673-1807

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : 54DC972C-0176-4C00-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David Shulman

Mailing Address 999 E Basse Rd
Ste 127

City

San Antonio

State

TX

Zip Code

78209-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 22 / 2012

Transaction ID : 45CF96578B37B69914AB

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Lawrence Singerman

Mailing Address 3401 Enterprise Pkwy
Ste 300

City

Cleveland

State

OH

Zip Code

44122-7340

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 02 / 2012

Transaction ID : BE65C0AF1287E5B6B7C

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

666.68

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Lawrence Singerman

Mailing Address 3401 Enterprise Pkwy
Ste 300

City Cleveland State OH Zip Code 44122-7340

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2012

Transaction ID : 69627554D0D58BA2EA4

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Lawrence Singerman

Mailing Address 3401 Enterprise Pkwy
Ste 300

City Cleveland State OH Zip Code 44122-7340

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 29 / 2012

Transaction ID : 47B090A5306888470DC0

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Scott So

Mailing Address 2100 Webster St
Ste 214

City San Francisco State CA Zip Code 94115-2375

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 19 / 2012

Transaction ID : 46FE841A59A3BBF7744F

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

266.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Cameron Stone

Mailing Address 21 Medical Park Dr

City

Asheville

State

NC

Zip Code

28803-2493

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 03 / 2012

Transaction ID : 44DC823ED8EBAADB9921

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. James Su

Mailing Address 2103 E Griffin Pkwy
Ste B

City

Mission

State

TX

Zip Code

78572-3490

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : AA4B5462-DE67-40B6-

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Regina Sun

Mailing Address 1919 Vassar St
Apt B

City

Houston

State

TX

Zip Code

77098-5454

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 23 / 2012

Transaction ID : 46FC82D79D52E2D7E313

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

531.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Robert Tibolt

Mailing Address 655 Medical Center Dr NE

City
Salem

State
OR

Zip Code
97301-2751

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 29 / 2012

Transaction ID : 819BDC04-4AB2-4C82-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Charles Wesley

Mailing Address 18051 River Ave
Ste 101

City

Noblesville

State

IN

Zip Code

46062-7093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

03 / 26 / 2012

Transaction ID : CAE99F29-BB82-4835-

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. C. P. Wilkinson

Mailing Address 6569 N Charles St
Greater Baltimore Mc/Suite 505

City

Baltimore

State

MD

Zip Code

21204-6831

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 02 / 2012

Transaction ID : F5136D71-376D-416E-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1865.00

TOTAL This Period (last page this line number only)..... ►

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Charles Zacks

Mailing Address 15 Lowell St
 FL 2

City State Zip Code
 Portland ME 04102-2726

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 14 2012

Transaction ID : 395EAAE9-D4B4-4630-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Neal Zimmerman

Mailing Address 133 Transylvania Rd

City State Zip Code
 Woodbury CT 06798-3325

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 14 2012

Transaction ID : F65CC6F20A53B4732CD

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

615.00

16916.79

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 36

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Ben Nelson 2012

Mailing Address PO Box 8666

City

Omaha

State

NE

Zip Code

68108

FEC ID number of contributing
federal political committee.

C

C00432401

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 07 / 2012

Transaction ID : 618F8E727760F7E2EFB

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

1000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 36

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City	State	Zip Code
San Francisco	CA	94163

Purpose of Disbursement
Bank charges - Mar 2012

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2012

Transaction ID : 0A853ABC7D7B7B9CF27

Amount of Each Disbursement this Period

510.85

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City	State	Zip Code
San Francisco	CA	94163

Purpose of Disbursement
AMEX discount - Mar 2012

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2012

Transaction ID : AA6BE22701AC68AE364

Amount of Each Disbursement this Period

251.57

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►

762.42

TOTAL This Period (last page this line number only)..... ►

762.42

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Andy Harris for Congress

Mailing Address PO Box 604

City	State	Zip Code
Bel Air	MD	21014

Purpose of Disbursement
2012 Primary

011

Candidate Name

Andrew P. Harris

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2012

Transaction ID : 3F45D96C1719B5F551B

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Ben Cardin for Senate

Mailing Address PO Box 21093

City	State	Zip Code
Catonsville	MD	21228

Purpose of Disbursement
2012 Primary

011

Candidate Name

Benjamin L. Cardin

Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2012

Transaction ID : 8ADD4B961B760A996B5

Amount of Each Disbursement this Period

1647.69

Full Name (Last, First, Middle Initial)

C. Bilirakis for Congress

Mailing Address PO Box 606

City	State	Zip Code
Tarpon Springs	FL	34688

Purpose of Disbursement
2012 General

011

Candidate Name

Gus Michael Bilirakis

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2012

Transaction ID : 27E2F8EC8C79C8987A5

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

5147.69

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Bill Cassidy for Congress

Mailing Address PO Box 80505

City	State	Zip Code
Baton Rouge	LA	70898

Purpose of Disbursement
2012 Primary

011

Candidate Name

William CassidyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2012

Transaction ID : D872F8C40892673EB7D

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Charles Boustany Jr. Md for Congress, Inc.

Mailing Address PO Box 80126

City	State	Zip Code
Lafayette	LA	70598

Purpose of Disbursement
2012 Primary

011

Candidate Name

Charles W. Boustany Jr.Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2012

Transaction ID : 3DF9E641E3E901546D3

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Committee To Re-Elect Linda SanchezMailing Address 50 E St, SE
Suite 1

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
2012 Primary

011

Candidate Name

Linda T. SanchezCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 39

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2012

Transaction ID : 42730FA37C78D0E3CC9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Democratic Senatorial Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2012

Mailing Address 120 Maryland Ave NE

Transaction ID : F3D89F5506D5344F4AF

City	State	Zip Code
Washington	DC	20002

Amount of Each Disbursement this Period

Purpose of Disbursement
2012 Contribution

011

15000.00

Candidate Name

Democratic Senatorial Campaign CommitteeCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Contribution

State: District:

Full Name (Last, First, Middle Initial)

B. Diane Black for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		21		2012

Mailing Address PO Box 1437

Transaction ID : B88468EAE9123F43901

City	State	Zip Code
Gallatin	TN	37066

Amount of Each Disbursement this Period

Purpose of Disbursement
2012 Primary

011

1500.00

Candidate Name

Diane BlackCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TN District: 06

Full Name (Last, First, Middle Initial)

C. Donovan for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2012

Mailing Address PO Box 723

Transaction ID : 3B1EF3D182D22C50E9B

City	State	Zip Code
Meriden	CT	06450

Amount of Each Disbursement this Period

Purpose of Disbursement
2012 Primary

011

2500.00

Candidate Name

Christopher G. DonovanCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CT District: 05

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

19000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Enzi for Us Senate

Mailing Address PO Box 2775

City	State	Zip Code
Cody	WY	82414

Purpose of Disbursement
2014 Primary

011

Candidate Name

Michael B. EnziCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: WY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2012

Transaction ID : 7989BBB617C72760C0F

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Fitzpatrick for Congress

Mailing Address PO Box 185

City	State	Zip Code
Langhorne	PA	19047

Purpose of Disbursement
2012 Primary

011

Candidate Name

Michael G. FitzpatrickCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2012

Transaction ID : C6FCA8712F824E2A479

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Friends of Dave Reichert

Mailing Address PO Box 53322

City	State	Zip Code
Bellevue	WA	98015

Purpose of Disbursement
2012 Primary

011

Candidate Name

David G. ReichertCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2012

Transaction ID : 5A7CA0C46C277A8906B

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Friends of Joe Pitts

Mailing Address PO Box 775

City	State	Zip Code
Unionville	PA	19375

Purpose of Disbursement
2012 Primary

011

Candidate Name

Joseph R. Pitts

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2012

Transaction ID : AE9BC6E9E1F7ADE665F

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Friends of Lois Capps

Mailing Address PO Box 23940

City	State	Zip Code
Santa Barbara	CA	93121

Purpose of Disbursement
2012 Primary

011

Candidate Name

Lois Capps

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2012

Transaction ID : FBFC8A6F649B7192C31

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Friends of Nan Hayworth

Mailing Address PO Box 188

City	State	Zip Code
Carmel	NY	10512

Purpose of Disbursement
2012 General

011

Candidate Name

Nan Alison Sutter Hayworth

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2012

Transaction ID : 21980F029A015BC857C

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Friends of Rich Nugent

Mailing Address PO Box 15668

City	State	Zip Code
Brooksville	FL	34604

Purpose of Disbursement
2012 Primary

011

Candidate Name

Richard B. Nugent

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2012

Transaction ID : 7C8158DB029E5713DD5

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Graves for Congress

Mailing Address PO Box 335

City	State	Zip Code
Calhoun	GA	30703

Purpose of Disbursement
2012 Primary

011

Candidate Name

John Thomas Graves

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2012

Transaction ID : 48270C48320C6266700

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kissell for Congress

Mailing Address PO Box 1530

City	State	Zip Code
Biscoe	NC	27209

Purpose of Disbursement
2012 Primary

011

Candidate Name

Lawrence Webb Kissell

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2012

Transaction ID : 26E316D1960BE14F185

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Matheson for Congress

Mailing Address PO Box 521048

City	State	Zip Code
Salt Lake City	UT	84152

Purpose of Disbursement
2012 Primary

011

Candidate Name

James David MathesonCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2012

Transaction ID : 545AFC78CC2A15B6808

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. National Republican Congressional Committee

Mailing Address 320 First Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
2012 Contribution

011

Candidate Name

National Republican Congressional CommitteeCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2012

Transaction ID : 285474EC4DF57435199

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

C. National Republican Senatorial Committee

Mailing Address 425 Second Street NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
2012 Contribution

011

Candidate Name

National Republican Senatorial CommitteeCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2012

Transaction ID : 760712B029A84059960

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

34000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Pallone for Congress

Mailing Address PO Box 3176

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement
2012 General

011

Candidate Name

Frank Pallone Jr.

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2012

Transaction ID : C0BA9644BC1407EBC9C

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Schock for Congress

Mailing Address PO Box 10555

City	State	Zip Code
Peoria	IL	61612

Purpose of Disbursement
2012 Primary

011

Candidate Name

Aaron Schock

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2012

Transaction ID : FE200A3697B6CA2CA5A

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Schweikert for Congress

Mailing Address 8776 E Shea Blvd, Suite B3A-626

City	State	Zip Code
Scottsdale	AZ	85260

Purpose of Disbursement
2012 Primary

011

Candidate Name

David Schweikert

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2012

Transaction ID : EE8E965E0ED85BB601A

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

6000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Susan Davis for Congress

Mailing Address PO Box 84049

City	State	Zip Code
San Diego	CA	92138

Purpose of Disbursement
2012 Primary

011

Candidate Name

Susan A. Davis

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 53

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2012

Transaction ID : 25206222BB7458C3761

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Tim Murphy for Congress

Mailing Address PO Box 24551

City	State	Zip Code
Pittsburgh	PA	15234

Purpose of Disbursement
2012 Primary

011

Candidate Name

Timothy F. Murphy

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 18

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2012

Transaction ID : 010FBED1BCB0EC520A0

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Tom Rooney for Congress

Mailing Address 1133 Bal Harbor Blvd. 1139 #186

City	State	Zip Code
Punta Gorda	FL	33950

Purpose of Disbursement
2012 Primary

011

Candidate Name

Thomas Joseph Rooney

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 17

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2012

Transaction ID : 06E60BF30EDDDE44D29

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

7000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Welch for Congress

Mailing Address PO Box 1682

City	State	Zip Code
Burlington	VT	05402

Purpose of Disbursement
2012 Primary

011

Candidate Name

Peter F. Welch

Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: VT District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2012

Transaction ID : CBC1261E539ED78FD07

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2500.00

96647.69

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. George Malouf

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2012

Mailing Address 7609 Arrowood Rd

City	State	Zip Code
Bethesda	MD	20817-2826

Transaction ID : 0B7BDF02557B1996B4E

Purpose of Disbursement
Refund of duplicate receipt.

010

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

365.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

365.00

365.00
